CAPITAL CARE, INC.

3019332007

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	BER: .	(X2) MULTIN A BUILDING B. WING	s <u></u>			·-	ŀ	PLETED R 5/14/2008
ME (WE'O	ROVIDER OR SUPPLIER	1	STREET A	DRESS, CITY, S	STATE, ZIP	CODE				
APITAL			2820 HA WASHIN	RTFORD STE GTON, DC 2	ET, SE 0020					
(X4) ID PRÉFIX TAG	JEACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(E/	ACH CORR	ESPLAN OF ECTIVE AC ENCED TO DEFICIENC	THE APP	XULD 9E	COMPLE DATE
{I 0000}	INITIAL COMMEN	NTS		{I 0000}		:	•			
	May 13, 2008 and home. The sirve the facility's comp with the deficient initial licensure at on February 4, 20 respectively. Their in the facility who varying degrees of disabilities.	sure survey was conditioned in May 14, 2008 at the gray was a follow-up to deliance with the regulation practices identified during follow-up surveys constant Merch 21, 200 re were five individuals had been diagnosed with mental retardation at	proup etermine lons and ing the onducted 8 residing with nd other						2008 JUN 11 P	BEBARTMENT OF HEALTH REGILL
	observations at the management and residential programation and additional	e survey were based on group home, intervied direct care staff in the lam, as well as a review dministrative records, vity's unusual incident re	ews with of which			1			12: 07	HEALTH
- (1-222)	3510.3 STAFF TI	RAINING		{I 222}		!				
		ntinuous, ongoing in-s s scheduled for all pers				; ; ī		,		
	Based on observations of the Based on observation in GHMRP failed to serious training personnel to perform to serious training the Based on observation in the Based on ob	ot met as evidenced by ation, interview and receives and receives, ensure a continuous, a program to enable all orm duties effectively and (Residents #1 and the facility.	cord, the ongoing and							
	The findings Incl.	ide:	•			:				
	been adequately	led to ensure that each trained to implement the ad/in accordance with r	nerapeutic							

CAPITAL CARE, INC.

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED ·
	**	HFD12-0074		B. WING_			4/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
CAPITAL	. CARE		2820 HART WASHINGT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X3) COMPLETE DATE
{I 222}	AM revealed she a She was served a libite-size turkery har jello, comflakas an indicated that the folia not have teeth a her to chew. Than meal at 9:05 AM.  The review of the commodicated the reside calone, No Added Sweets (NCS), Bite nutrition quarrenty represcribed an 1800 Record review revestated the client ship textured diet moistor Retraining on the comprotocol was provided the supervisory Respectived by the supervisory Respective British and consistent diet as required by the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put he verbally prompted in the recliner when intermittently put here.	Resident #6 on 5/13/0 ppeared to be edento preakfast which incluin and bite-size butter dimilk. Interview with bod was chopped because it was estident finished eath urrent physician's or stration Record (MAF ent was prescribed as Salt (NAS), No Concestate Was prescribed as Salt (NAS), No Concestate Was prescribed as Salt (NAS), No Concestate Was prescribed the classification of the distance of the distance of the distance of the distance of the direct care gistered Nurse (RN) in o evidence however the meal protocol.  15 AM Resident #1 whe couch with her finited that she had just it. She was encourage she continued to er finger in her mouth her to remove it from	dea at 8:28  lious. ded red toast. staff cause she esier for ig her der on the 1800 entreted w of the lient was ped Diet. ocol hopped ce. ealtime staff by on er that ident #1's  vas ger in her finished ied to sit as staff her	(i 222)	3510.3 a). Program coordinator staff during meal observe proper diets and texture. Dietitian will provide actraining on the proper dietxtures for all individue 6/15/08.  The program coordinate home manager will commeal monitoring to ensuindividuals receive proper prescribed.  b). Staff have been instriptogram coordinator not snacks or fruits that are proper texture. Nutrition provide more training of diets textures for all individuals provide training by 6/15/08.	instructed vations on s. The dditional iets and als by or and the duct weekly are that all per diets and to give not the hist will a proper ividuals. The	6/15/08
seith Sour	At 8:40 AM, the res	her hands with a pap Ident began to repea conitoring her for an a apple slices and gave	tedly ask	· · · · · · · · · · · · · · · · · · ·			

CAPITAL CARE, INC.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BUILDIN	IPLE CONST	RUCTION	_	X3) DATE SU COMPLE R	TED	
,		HFD12-0074	,	B. WING_	_	·		05/14	/2008
NAME OF P	ROVIDER OR SUPFLIER		STREET ADDR	RESS, CITY,	STATE, ZIP	CODE	٠.	,	
CAPITAL				FORD STE ON, DC 2		· ·		·	
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{1 222}	Continued From pa	ge 2	·   +	[l 22 <b>2]</b>	:	: — :			. :
	appeared to be ede the apple slices, bu the staff to est then order prescrited by order for a regular of portion ground diet, assessment cated was prescribed a re of the meal time pro should receive grou be monitored for ea her mouth; Training mealtime prolocol staff by the supervision 5/13/08. There	5/8/08 stated that the egular, high fiber diel otocol revealed the nund textured foods, a sting rapidly and over you the client's diet; was provided to the clause sory Registered Nurse was no evidence how thy implemented Res	everal of smpts from the diet an ouble e resident and should retuffing and on the direct care so (RN) wever that						
	revealed staff receinutritionist on 2/4/0 revealed on that date on general nutrition preparation, texture leftovers, weights a were present. There training on food textensure the accurate resident's therapeural food on menu sur interview with direct revealed the breakf toast, strawburnes, milk. At 8;28 AM Cliwhich included bite-	ensure staff were ad	view provided od dling, leven staff autrition other to the dequately 7.25 AM rench am, and preakfast of bite-size		an ove staff, e substitu a traini	ogram Coordina rview of food so explaining food utions. Dietitian ing to include pr utions, and docu	ubstituti group will co coper fo	on to induct od	6/15/08

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STATEMEN AND PLAN (	STATEMENT OF DEFICIENCIES: (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A BUILDING	PLE CONSTRUCTION	(X3) DATE 94 COMPLE R	TED .
•		HFD12-0074		B. WING	· · · · · · · · · · · · · · · · · · ·	05/14	1/2008
NAME OF P	ROVIDER OR SUPFLIER		STREET ADD	RESS, CITY. S	TATÉ, ZIP CODE		
CAPITAL	CARE		2820 HART WASHINGT	IFORD STE ION, DC 20	ET, SE 1020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S FLANC (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(201) COMPLETÉ DATÉ
{i 222}	Continued From pa	ige 3	-	(l 222}			
{J 371}	been substituted for review revealed the to staff on 2/4/08. Indicated that a varinutrition and meals was no evidence head equately trained ensure that a food		Record if training enda to There been s to	( <del>)</del> 371)			
	trained in carrying procedures set for This Statute is not Based on interview GHMRP failed to e adequately and effithe established writing regarding incident. The findings included in According to the management policy (PC) should essess and instruct the standardinally, the PC documentation and "Unusual Occurrent it to the appropriate	t each employee has out the policies and thin § 3519.1 of this met as evidenced by and record review, to a sure that all staff we ectively trained to impleten policies and procream agement.  e:  e:  e:  facility's incident y, the program coord is the severity of the staff person accordingly.	section.  /: the ere plament cedures  inator situation /. on the nd forward g the		3519.2 1.) All staff will redincident reporting, a documentation. The Incident coordinato all incidents are repagencies and famili DOH in a timely madocumentation of n included on the incident coordinator all incidents of unknown these will be review coordinator and admired program coordinator coordinator will ensmonitor any injuries	and e newly trained or will ensure that corted to all es including anner and that cotification is ident report. The r will investigate nown origin, and wed by program ministrator. or and nurse sure that nurses	6/20/08
laatila S		report injuries of uni	known		:	<u> </u>	
ıçatın Rəgu	lation Administration						

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CAPITAL CARE, INC.

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INVAILE OF PROVIDER OR SUPPLIER  CAPITAL CARE  SUMMA SYSTATEMENT OF DEPICIENCES  SUMMA SYSTATEMENT OF DEPICIENCES  (CASH DEFICIENCY MATERIAL PROPERTY)  (CASH DEFICIENCY)  (CASH DEFICIENCY MATERIAL PROPERTY)  (CASH DEFICIENCY)  (CASH DEFICIENCY MATERIAL PROPERTY AND CORRECTION (EACH CORRECTION (EACH CORRECTION))  (CASH DEFICIENCY)  (CASH DEFICIENCY MATERIAL PROPERTY AND CORRECTION (EACH CORRECTION)  (CASH DEFICIENCY)  (CASH DEFICIENCY  (CASH DEFICIENCY)  (CASH DEFICIENCY  (CAS		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  OCT.) PROVIDER/SUPPLIE IDENTIFICATION NUM			A BUILDIN		(X3) DATE SI COMPLE	
ANTICA CARE    SUMMARY STATEMENT OF DEPOISERS   STREET, SETEM, 2010		•	HFD12-0074		B. WING		1 -	-
CAPITAL CARE    Company of the tension of the president of the process of the pro	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		···
(1971) Continued From page 4 origin as required by the incident management policy.  a) On 4/15/08 at 7:00 PM direct care staff discovered a bruise on Resident #1's spinal area before giving her a shower. Further review of the incident report revealed staff called the nurse to observe the truits. There was no evidence the progress notes failed to reveal evidence that the resident's family, the administrator, or DOH. The review of subsequent progress notes failed to reveal evidence that the resident's foliuse on her spine area was monitored. Additionally, there was no evidence the bright of the incident report revealed the nurse was called and observed the client's lipiny. Although direct care staff discovered a bruise on Resident 8's right thigh and back above her shoulder while giving her a shower. Review of the incident report revealed the nurse was called and observed the client's lipiny. Although direct care staff completed the unusual incident report, there was no evidence the PC was informed of the resident's family, the administrator, or DOH. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  2. The facility failed to report resident transfers to the emergency room of 4/5/18 due to being wask, sweaty and having abnormal vital signs. There was no having abnormal vital	CAPITAL	. CARE						
origin as required by the incident management policy.  a) On 4/15/08 at 7:00 PM direct care staff discovered a bruise on Resident #1's spinal area before giving her a shower. Further review of the incident report revealed staff called the nurse to observe the truise. There was no evidence the PC was informed of the resident's injury or that the incident was reported to the incident management coordinator, the the resident's family, the administrator, or DOH. The review of subsequent progress notes falled to reveal evidence that the resident's bruise on her apine area was monitured. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  b) On 4/16/08 at 7:20 PM direct care staff discovered a bruise on Resident #6's bruise was investigated while giving her a shower. Review of the incident while giving her a shower. Review of the incident report revealed the unusual incident report, there was no evidence the PC was informed of the resident's family, the administrator, or DOH. Additionally, there was no evidence the origin of Resident #6's bruise was investigated to reveal experiment and the incident was reported to the incident management coordinator; the resident's family, the administrator, or DOH. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  2. The facility failed to report resident transfers to the emergency room for treatment in accordance with its policies that addressed emergency room on 4/5/18 due to being weak, sweety and having abnormal vital signs. There was no evidence that all parties are notified and documentation is small that we management coordinator. The program coordinator will review all incidents or ensure that all parties are notified and documentation is small that or the program coordinator. When the family members are notified and documentation is a family and attorney as well as service coordinator. The program coordinator will review all incidents or ensure that all parties are notified and documentation is	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECE <mark>DED BY</mark>	FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
policy.  a) On 4/15/06 at 7:00 PM direct care staff discovered a bruise on Resident #1's spinal area before glying her a shower. Further review of the incident report revealed staff called the nurse to observe the truitse. There was no evidence the PC was informed of the resident's injury or that the incident was reported to the incident same area was monitored. Additionally, there was no evidence that the resident's bruise on her spine area was monitored. Additionally, there was no evidence the origin of Resident 8's right thigh and back above her shoulder while giving her a shower. Review of the incident report revealed the nurse was called and observed the client's injury of that the incident report, there was no evidence the PC was informed of the resident's injury of that the incident report there was no evidence the PC was investigated.  2. The facility failed to report resident transfers to the emergency room of 16/16 due to being weak, sweety and having abnormal vital signs. There was no evident to resurre that all parties are notified and documentation is small, there was no evidence the origin of Resident #6's bruise was investigated.  a) Resident #3 was taken to the emergency room on 4/6/16 due to being weak, sweety and having abnormal vital signs. There was no	(1 371)	Continued From pa	ige 4	-	{I 371}			
discovered a bruise on Resident #1's spinal area before glving her a shower. Further review of the incident report revealed staff called the nurse to observe the bruise. There was no evidence the PC was informed of the resident's injury or that the incident was reported to the incident management coordinator, the the resident's family, the administrator, or DOH. The review of subsequent progress notes failed to reveal evidence the progress notes failed to reveal to discovered a bruise on Resident 6's right thigh and back above her shoulder while giving her a shower. Review of the incident report revealed the nurse was called and observed the cilent's injury. Although direct care staff completed the unusual incident report, there was no evidence the PC was ir formed of the resident's injury or that the incident was reported to the incident management coordinator, the resident's family, the administrator, or DOH. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  2. The facility failed to report resident transfers to the emergency room of 16'f. 8 due to being weak, sweaty and having abnormal vital signs. There was no having abnormal vital signs. There was no evidence the progress coordinator will review all incidents to ensure that all parties are notified in a timely manner.  6/10/08  7. The new incident coordinator is conducting an investigation of the bruise on resident is conducting an investigation of the bruise on resident stage.  8. Division of the bruise on resident stage on resident to all parties. In the future, the program coordinator will review incidents to ensure that all incidents are investigated, and reported in a timely manner.  7. Resident #3's emergency room visit was reported to family and attorney, as well as service coordinator. Pr			y the incident manac	ement	• .		•	 
investigated.  b) The new incident coordinator is conducting an investigation of the bruise on resident #6's thigh.  Incident coordinator will follow procedures for investigations and reporting incidents to all parties. In the future, the program coordinator will review incident so and reporting incidents to all parties. In the future, the program coordinator will review incidents are investigated, and reported in a timely manner.  1 PC was in formed of the resident's injury of that the incident was reported to the incident management coordinator, the resident's injury of that the incident was reported to the incident management coordinator, the resident's injury of that the incident was reported to the incident management coordinator, the resident's injury of that the incident was reported to the incident management coordinator, the resident's injury of that the incident was reported to the incident management coordinator, the resident's injury of that the incident was reported to family and attorney, as well as service coordinator. Proper procedures for all emergency room visits will be followed. New incident investigator will ensure that family members are notified in a timely manner.  Program coordinator will review all incidents to ensure that all parties are notified and documentation is a proper to the coordinator is conducting an investigation of the bruise on resident #6's thigh. Incident coordinator will follow procedures for investigations and reporting incidents to all parties. In the future, the program coordinator will review incidents to all parties. In the future, the program coordinator will review incidents to all parties. In the future, the program coordinator will review all incidents are investigated, and reporting incidents to all parties. In the future, the program coordinator will review incidents all incidents are investigated, and reporting incidents all incidents are investigated.  2. The facility f		discovered a bruise before giving her a incident report reve observe the bruise. PC was informed of the incident was re-	e on Resident #1's sp shower. Further revi saled staff called the There was no evide of the resident's injury ported to the incident	oinal area ew of the nurse to noce the or that				
b) On 4/15/0E at 7:20 PM direct care staff discovered a bruise on Resident 6's right thigh and back above her shoulder while giving her a shower. Review of the incident report revealed the unusual incident report, there was no evidence the PC was ir formed of the resident's injury of that the incident was reported to the incident management coordinator, the resident's family, the administrator, or DOH. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  2. The facility failed to report resident transfers to the emergency room for treatment in accordance with its policies that addressed emergency room on 4/5/C8 due to being weak, sweaty and having abnormal vital signs. There was no		family, the ad minist subsequent progre- evidence that the marea was monitored evidence the origin	trator, or DOH. The se notes failed to rev sident's bruise on h d. Additionally, there	revisw of real er spine was no		conducting an investigation bruise on resident #6's this Incident coordinator will	on of the gh. follow	
that the incident was reported to the incident management coordinator, the resident's family, the administrator, or DOH. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  2. The facility falled to report resident transfers to the emergency room for treatment in accordance with its policies that addressed emergency situations.  2.) Resident #3's emergency room visit was reported to family and attorney, as well as service coordinator. Proper procedures for all emergency room visits will be followed. New incident investigator will ensure that family members are notified in a timely manner.  Program coordinator will review all incidents to ensure that all parties are notified and documentation is available to substantiate it.		discovered a bruise and back above he shower. Review of the nurse was calle Injury. Although dire unusual incident re	e on Resident 6's right a shoulder while giving the incident report not and observed the concileration of the conc	nt thigh ng her a evealed client's ted the vidence		reporting incidents to all parties the future, the program consult review incidents to enable incidents are investigated.	parties. In cordinator isure that ted, and	6/10/08
2. The facility falled to report resident transfers to the emergency room for treatment in accordance with its policies that addressed emergency situations.  Sesident #3 was taken to the emergency room on 4/5/C8 due to being weak, sweaty and having abnormal vital signs. There was no	•	that the incident wa management coord the administrator, o was no evidence th	is reported to the Inc linator, the resident's or DOH. Additionally, se origin of Resident:	ident family, there	•	visit was reported to fami attorney, as well as servic coordinator. Proper proce	ly and e dures for	- <del></del> -
a) Resident #3 was taken to the emergency room on 4/5/08 due to being weak, sweaty and having abnormal vital signs. There was no incidents to ensure that all parties are notified and documentation is		the emergency room with its policies that situations.	m for treatment in ac : addressed emerger	cordance licy	į	followed. New incident in will ensure that family monotified in a timely manner	ivestigator embers are er.	6/10/08
	eelth Regul	room on 4/5/08 due having abnomnal vit	to being weak, swe	etv and	_	incidents to ensure that all are notified and documen	l parties tation is	

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	OF DEFICIENCIES (X1) PROVIDER/SUPPLIED (X1) PROVIDER (X	JMBER:	A BUILDIN B. WING			
NAME OF PI	ROMDER OR SUPFILER			STATE, ZIP CODE		
CAPITAL	CARE	2820 HAR WASHING	TFORD STE TON, DC 2	161, SE 10020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED B' REGULATORY OR LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE
	Continued From page 6 reported, or investigated. Interview with the PC on 5/14/08 indicated were made to notify the families of client's injuries and/or changes in healt Record review revealed the document not available to reflect the notification of aforementioned incidents. Although the record reflected that som had occurred, there was no evidence that been effective to ensure document timely reporting of unusual incidents at 3519,5 EMEF:GENCIES	of the th status. ation was of the training the training of th	§ 371}	procedures to prevent recthis incident. A one-on-obe instituted at the day promonitor resident from practivity material in her material in her material in her material incidents in the future to reporting and documents done per procedures.	one staff will rogram to atting nouth. I review all ensure that	6/30/08
	After medical services have been sect GHMRP shall promptly notify the resid guardian, his or her next of kin if the reno guardian, or the representative of the sponsoring expency of the resident 's soon as possible, followed by written in documentation no later than forty-eight after the incident.	lent 's esident has he status as sotice and				
	This Statute is not met as evidenced Based on interview and the record revisatility failed to ensure that after medicined been secured, the GHMRP notification is guardian, next of kin, or autrepresentative as soon as possible, for written notification and documentation established time frame.  The findings include:  Interview with the program coordinato revealed that she informed the guardians.	riew, the call services ed the horized bllowed by within the				
	of kin when the residents had an unus incident. The review of documentation unusual incidents falled to reflect how listen Administration.	iua) n, including			·	

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STATEMENT OF DEFICIENCIES: (C1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MÜLTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
,	•	HFD12-0074		B. WING	· · · · · · · · · · · · · · · · · · ·		/2008	
NAME OF PI	ROVIDER OR SUPPLIER CARE		2820 HART	DDRESS, CITY, STATE, ZIP CODE RTFORD STEET, SE GTON, DC 20020				
(X4) ID PREFIX TAG	· (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LEC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
1 374	Continued From p this information Wa [See Citation 3518	is communicated.		1 374	3519.5 See 3519.2 (0371)			
{1 500 <b>}</b>	• .			{I 500}			-	
	that the rights of reprotected in accor	idence director shall e esidents are observed dance with D.C. Law applicable District an	f and 2-137, this					
	Based on on abserview, the GHMR	t met as evidenced b rvation, interview and P failed to ensure that dent were protected.	record			·		
	The findings inclu	, , , , , , , , , , , , , , , , , , ,	. 2547.0	•	3523.1 See 3510.3, 3517.2 and 3	3517.3	,	
	and 3517.3	eport - Citations 3510,	. <b>ಫ</b> , 3317.∠	•	_	,		
1999	FINAL OBSERVA	, 1 ×		1999				
	survey process. I be reviewed and a	ervation was made du t is recommended that a determination be ma iate action to prevent actices:	it this area			•		
	rooms on 5/13/08 carpeting with several color that the surre with staff indicated approximately one causing the carpe	e carpet in the sitting a at 7:15 AM revealed eral areas which were ounding sections. Into I water entered the fa week earlier after he to become wet. Inte	dry e lighter in erview cility eavy rain, prview with					
Health Regu	the administration	on 5/14/08 Indicated t	nat ine					

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If communition sheet 6 of 9

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STATEMENT OF DEFICIENCE! (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED R	
		HFD12-0074		B. WING_		<del>                                     </del>		4/2008
NAME OF P	ROVIDER OR SUPPLIER	· · · · · ·	STREET ADD	RESS, CITY,	STATE, ZIP	CODE	. "	
CAPITAL	. CARE		2820 HAR WASHING	TFORD STA TON, DC 2	EET, SE 002 <b>0</b>	:.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE! MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL ]	ID PREFIX TAG	) (EA	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO SS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
1 999	Continued From pa	ge 8		1 999			· ·	
	carpet was dried Im shampooing of the 5/17/08.	mediately and that carpet was schedule	d for		Home enviro	t was cleaned on 5/17/ manager will do week nmental checks to cns s and home are clean a nined.	ly ure that	5/17/08
					:	<u>.</u>		
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	ation Administration			•.		•	-	

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CAPITAL CARE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM  HFD12-0074		R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING		TRUCTION	(X3) DATE SU COMPLE F 05/14	TED	
NAME OF P	ROVIDER OR SUPFLIER	1	STREET ADD	RESS, CITY,	STATE, ZIP	CODE		
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